

Wisconsin Department of Regulation & Licensing

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Madison, WI 53703
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ACCOUNTING EXAMINING BOARD

APPLICATION FOR RENEWAL OF FIRM LICENSE

1. FIRM NAME: _____ 2. LICENSE #: _____

3. TYPE OF FIRM: ☐ Proprietorship ☐ Corporation ☐ Limited Liability Company
☐ Partnership ☐ Service Corporation ☐ Limited Liability Partnership

4. ADDRESS OF EACH OFFICE LOCATED IN WISCONSIN (attach additional sheets if necessary).

- a. _____
(Street Address) (City) (State) (Zip Code) (Phone Number)
- b. _____
(Street Address) (City) (State) (Zip Code) (Phone Number)
- c. _____
(Street Address) (City) (State) (Zip Code) (Phone Number)
- d. _____
(Street Address) (City) (State) (Zip Code) (Phone Number)

5. If the firm does not have an office in Wisconsin, identify the location of the firm and the certified public accountants who are designated as the responsible person for Wisconsin engagements.

FIRM LOCATION

(Street Address) (City) (State) (Zip Code) (Phone Number)

CERTIFIED PUBLIC
ACCOUNTANT NAME

STATE
LICENSED IN

OFFICE
ADDRESS

6. Designate below a Wisconsin certified public accountant to be the individual responsible for the firm's compliance with Wisconsin Statutes and administrative rules of the Wisconsin Accounting Examining Board.

Name of Designated CPA: _____ License #: _____

Wisconsin Department of Regulation & Licensing

CERTIFICATIONS

PLEASE COMPLETE SECTION A OR SECTION B:

SECTION A: I hereby certify that

1. All attest services provided by the firm in this state are under the charge of an individual CPA.
2. The firm has undergone a peer review during the last 3 years. The firm was last reviewed for the period ending _____.
Did the peer review report require follow-up? _____ Yes _____ No
If yes, was the report Adverse? _____ Yes _____ No
3. More than 50% of the ownership interest of the firm is held by individuals who are certified public accountants.
4. Each individual who holds an ownership interest in the firm, but who is not a CPA, actively participates in the firm or an affiliated entity.

I further certify that I have authority to complete this form on behalf of the firm and that the information on this application for a firm license is true and complete. I understand if I provide false information on this form, my certificate as a certified public accountant may be revoked or suspended. I further agree to provide, upon request from the Accounting Examining Board or the Department of Regulation and Licensing, a complete list of firm members and persons having a financial interest or hold voting rights in the firm

Signature of CPA: _____ License #: _____ Date: _____

SECTION B: I hereby certify that

- 1a. The firm has not undergone a peer review approved by the board because the firm has been licensed less than 3 years. Date firm license was granted _____.
☐ Check box if applicable.
- 1b. The firm has not undergone a peer review approved by the board because the firm has not offered or performed an attest service within the 3-year period preceding the application for renewal. ☐ Check box if applicable.
2. More than 50% of the ownership interest of the firm is held by individuals who are certified public accountants.
3. Each individual who holds an ownership interest in the firm, but who is not a CPA, actively participates in the firm or an affiliated entity.

I further certify that I have authority to complete this form on behalf of the firm and that the information on this application for a firm license is true and complete. I understand if I provide false information on this form, my certificate as a certified public accountant may be revoked or suspended. I further agree to provide, upon request from the Accounting Examining Board or the Department of Regulation and Licensing, a complete list of firm members and persons having a financial interest or hold voting rights in the firm

Signature of CPA: _____ License #: _____ Date: _____